

SERFF Tracking Number: ALLC-126939231 State: Arkansas  
 Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 47477  
 Company Tracking Number: VISION/CONNECTIONS INVESTMENT PLUS RIDER S40827  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: Vision/Connections Investment Plus Rider S40827  
 Project Name/Number: Vision/Connections Investment Plus Rider S40827/Vision/Connections Investment Plus Rider S40827

## Filing at a Glance

Company: Allianz Life Insurance Company of North America

Product Name: Vision/Connections Investment Plus Rider S40827 SERFF Tr Num: ALLC-126939231 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable SERFF Status: Closed-Approved-Closed State Tr Num: 47477

Sub-TOI: A03I.002 Flexible Premium Co Tr Num: VISION/CONNECTIONS INVESTMENT PLUS RIDER S40827 State Status: Approved-Closed

Filing Type: Form

Author: Patricia Evans

Date Submitted: 12/08/2010

Reviewer(s): Linda Bird

Disposition Date: 12/13/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Vision/Connections Investment Plus Rider S40827  
 Project Number: Vision/Connections Investment Plus Rider S40827  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 12/13/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/13/2010

Created By: Patricia Evans

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Patricia Evans

Filing Description:

Re: INDIVIDUAL VARIABLE ANNUITY – NAIC #761-90611

S40827 – Investment Plus Rider

SERFF Tracking Number: ALLC-126939231 State: Arkansas  
Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 47477  
Company Tracking Number: VISION/CONNECTIONS INVESTMENT PLUS RIDER S40827  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Vision/Connections Investment Plus Rider S40827  
Project Name/Number: Vision/Connections Investment Plus Rider S40827/Vision/Connections Investment Plus Rider S40827

#### Vision Contract Schedule

S40828 – Investment Plus (01.11) Contract Schedule

#### Connections Contract Schedule

S40831 – Investment Plus (01.11) Contract Schedule

S40829 – Investment Options Contract Schedule

S40830 – Contract Schedule Addendum

#### Vision Application

F60000 – Application

#### Connections Application

F70036 – Application

The above referenced forms are new, do not supersede any previously filed forms, and may be used with other forms approved in the future. The contract forms (L40529 and L40530) affiliated with the forms referenced above will be sold through brokers in all markets and were approved by the Department on 2/12/2007 under SERFF filings ALLC-125089175 and ALLC-125096502. These forms are being filed concurrently in Minnesota, our state of domicile. The effective date will be determined by your approval.

The forms are submitted in final printed format except for slight font and formatting variations that may occur due to Allianz Life product printer configurations. Allianz Life takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved form.

Please note that the signatures of our officers historically shown on the applicable forms are no longer included in our filed forms. Signatures will be included on all contract forms when issued.

Investment Plus Rider S40827 is an optional rider that may be issued with contract forms L40529 and L40530, and may be issued with contracts approved in the future.

This rider provides, during the accumulation phase, a level of protection for the principal invested, while locking in any quarterly anniversary investment gains through the protected investment value that is available at a future point the owner selects, called the protected investment date. After the initial protected investment date, additional protected investment dates occur on every subsequent tenth rider anniversary before lifetime income begins, called lifetime

SERFF Tracking Number: ALLC-126939231 State: Arkansas  
Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 47477  
Company Tracking Number: VISION/CONNECTIONS INVESTMENT PLUS RIDER S40827  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Vision/Connections Investment Plus Rider S40827  
Project Name/Number: Vision/Connections Investment Plus Rider S40827/Vision/Connections Investment Plus Rider S40827

income payments. The protected investment value is available only on the last business day before each protected investment date. Beginning on the next business day, the contract value fluctuates based on the performance of the selected investment options, and this is the value available upon withdrawal. Once the owner requests to begin lifetime income payments, we no longer calculate the protected investment value and there will not be any more protected investment dates.

This rider also provides a payment stream for life, called lifetime income payments. The owner may begin lifetime income payments at any time, so long as all covered persons meet the exercise age requirements shown on the Investment Plus Contract Schedule. The initial annual maximum lifetime income payment is based on the lifetime income value. Once the initial annual maximum payment is established, it can increase through the automatic annual increase feature and will only decrease if the owner takes an excess withdrawal.

The charge for this rider is shown on the Contract Schedule page.

Investment Plus (01.11) Contract Schedules S40828 and S40831, depending on the product, will be issued if the owner selects the Investment Plus Rider. These schedules include the variables associated with the Investment Plus Rider. Please refer to the attached Statement of Variability for details.

Investment Options Contract Schedule S40829 will be issued with Investment Plus Rider S40827, as well as may be issued with other forms approved in the future. This contract schedule shows the Investment Options, and any restrictions, associated with the Investment Plus Rider. Please refer to the attached Statement of Variability for details.

Contract Schedule Addendum S40830 will be issued if the Investment Plus Rider is selected and the owner chooses to reset the initial protected investment date. Please refer to the attached Statement of Variability for details.

Applications F60000 and F70036, depending on the product, will be used with contract forms L40529 and L40530 and Investment Plus Rider S40827, as well as may be used with other forms approved in the future. Please refer to the attached Statement of Variability for details.

To the best of our knowledge and belief, the above forms conform to all state statutes, insurance regulations, and department requirements, including Arkansas Regulation 6.

Thank you for your consideration of this filing. If you have any questions, or if you need additional information to complete your review, please call me at 800.328.5601, extension 47135, send a fax to me at 763.765.6306, or send a note electronically to me at [patricia.evans@Allianzlife.com](mailto:patricia.evans@Allianzlife.com).

Sincerely,

SERFF Tracking Number: ALLC-126939231 State: Arkansas

Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 47477

Company Tracking Number: VISION/CONNECTIONS INVESTMENT PLUS RIDER S40827

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Vision/Connections Investment Plus Rider S40827

Project Name/Number: Vision/Connections Investment Plus Rider S40827/Vision/Connections Investment Plus Rider S40827

Patti Evans  
Product Filing Analyst

## Company and Contact

### Filing Contact Information

Patricia Evans, Compliance Analyst Patricia.Evans@Allianzlife.com  
5701 Golden Hills Drive 763-765-7135 [Phone]  
Minneapolis, MN 55416 763-765-6306 [FAX]

### Filing Company Information

Allianz Life Insurance Company of North America	CoCode: 90611	State of Domicile: Minnesota
5701 Golden Hills Drive	Group Code: 761	Company Type: 03
Minneapolis, MN 55416-1297	Group Name:	State ID Number:
(800) 328-5601 ext. [Phone]	FEIN Number: 41-1366075	

-----

## Filing Fees

Fee Required? Yes

Fee Amount: \$350.00

Retaliatory? No

Fee Explanation: Seven forms @ \$50.00/ea = \$350.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allianz Life Insurance Company of North America	\$350.00	12/08/2010	42749727

SERFF Tracking Number: ALLC-126939231 State: Arkansas  
Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 47477  
Company Tracking Number: VISION/CONNECTIONS INVESTMENT PLUS RIDER S40827  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Vision/Connections Investment Plus Rider S40827  
Project Name/Number: Vision/Connections Investment Plus Rider S40827/Vision/Connections Investment Plus Rider S40827

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/13/2010	12/13/2010

SERFF Tracking Number:	ALLC-126939231	State:	Arkansas
Filing Company:	Allianz Life Insurance Company of North America	State Tracking Number:	47477
Company Tracking Number:	VISION/CONNECTIONS INVESTMENT PLUS RIDER S40827		
TOI:	A03I Individual Annuities - Deferred Variable	Sub-TOI:	A03I.002 Flexible Premium
Product Name:	Vision/Connections Investment Plus Rider S40827		
Project Name/Number:	Vision/Connections Investment Plus Rider S40827/Vision/Connections Investment Plus Rider S40827		

## Disposition

Disposition Date: 12/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALLC-126939231 State: Arkansas

Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 47477

Company Tracking Number: VISION/CONNECTIONS INVESTMENT PLUS RIDER S40827

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Vision/Connections Investment Plus Rider S40827

Project Name/Number: Vision/Connections Investment Plus Rider S40827/Vision/Connections Investment Plus Rider S40827

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statements of Variability		Yes
Form	Investment Plus Rider		Yes
Form	Investment Plus Contract Schedule		Yes
Form	Investment Plus Contract Schedule		Yes
Form	Investment Options Contract Schedule		Yes
Form	Contract Schedule Addendum		Yes
Form	Vision Variable Annuity Application		Yes
Form	Connections Variable Annuity Application		Yes

SERFF Tracking Number: ALLC-126939231 State: Arkansas

Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 47477

Company Tracking Number: VISION/CONNECTIONS INVESTMENT PLUS RIDER S40827

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Vision/Connections Investment Plus Rider S40827

Project Name/Number: Vision/Connections Investment Plus Rider S40827/Vision/Connections Investment Plus Rider S40827

## Form Schedule

### Lead Form Number: S40827

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	S40827	Policy/Cont	Investment Plus ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.800	S40827.pdf
	S40828	Schedule Pages	Investment Plus Contract Schedule	Initial		66.400	S40828.pdf
	S40831	Schedule Pages	Investment Plus Contract Schedule	Initial		66.400	S40831.pdf
	S40829	Schedule Pages	Investment Options Contract Schedule	Initial		54.300	S40829.pdf
	S40830	Schedule Pages	Contract Schedule Addendum	Initial		66.400	S40830.pdf
	F60000	Application/ Enrollment Form	Vision Variable Annuity Application	Initial		50.000	F60000.pdf
	F70036	Application/ Enrollment Form	Connections Variable Annuity Application	Initial		50.000	F70036.pdf

---

## Investment Plus Rider

---

**We designed this rider to provide a level of protection for the principal you invest, to lock in a percentage of past investment gains, and/or to provide a payment stream for life.**

This rider forms a part of the contract to which it is attached and is effective on the Rider Effective Date shown on the Contract Schedule. In the case of a conflict with any provision in the contract, the provisions of this rider control. Defined terms and contractual provisions are set forth in the contract or are added in this rider. This rider terminates as indicated under the **Termination of this rider** provision.

---

### Definitions

---

#### **Benefit Anniversary**

A twelve-month anniversary of the Benefit Election Date or any subsequent twelve-month Benefit Anniversary.

#### **Benefit Election Date**

The date we receive your Authorized Request by 4 p.m. Eastern Time to begin Lifetime Income Payments. If we receive your Authorized Request after 4 p.m. Eastern Time, the Benefit Election Date is the next Business Day.

#### **Benefit Year**

A period of 12 months. The first Benefit Year begins on the Benefit Election Date. Subsequent Benefit Years begin on Benefit Anniversaries. All Benefit Years end at the end of the last day before the next Benefit Anniversary.

#### **Covered Person**

The person on whose Age and lifetime we base Lifetime Income Payments. We determine the Covered Person on the Rider Effective Date.

For single Lifetime Income Payments.

- If the contract is solely owned, the Covered Person is the Owner.
- If the contract is jointly owned, you may be able to choose which Joint Owner is the Covered Person.
- If the contract is owned by a non-individual, the Covered Person is the Annuitant.

For joint Lifetime Income Payments, you and your spouse are the Covered Persons.

For joint Lifetime Income Payments under contracts that are not qualified under the tax code.

- Spouses must be Joint Owners; or
- One spouse must be the sole Owner and Annuitant and the other spouse must be the sole primary Beneficiary.

For joint Lifetime Income Payments under contracts that are qualified under the tax code.

- One spouse must be the sole Owner and Annuitant and the other spouse must be the sole primary Beneficiary; or
- One spouse must be the Annuitant and the other spouse must be the sole primary Beneficiary if the sole Owner is a non-individual; or
- If we require a non-individual owner to be the sole primary Beneficiary, then one spouse must be the Annuitant and the other spouse must be the sole contingent Beneficiary.

Joint Lifetime Income Payments may not be available for some contracts that are owned by a non-individual.

Spouses must qualify as such under federal law until this rider terminates. If at any time before this rider terminates you are no longer spouses you must send us notice.

A person no longer qualifies as a Covered Person and is removed from the contract if that person is no longer an Owner, Joint Owner, Annuitant, or Beneficiary as required above.

After the Rider Effective Date, you cannot add or replace a Covered Person. You can remove a Covered Person if you initially selected joint Lifetime Income Payments. You can only make this change once.

---

## **Definitions** *continued from the previous page*

---

### **Covered Person (continued)**

Before and on the Benefit Election Date, you can remove a joint Covered Person on any Contract Anniversary by providing an Authorized Request within 30 days before a Contract Anniversary. After the Benefit Election Date, you can remove a joint Covered Person on any Benefit Anniversary by providing an Authorized Request within 30 days before a Benefit Anniversary. Your request is effective on the Contract Anniversary, or the Benefit Anniversary, if applicable. If the Contract Anniversary or Benefit Anniversary does not occur on a Business Day, your request is effective on the next Business Day.

If you remove a joint Covered Person from the contract, we change the Rider Charge for joint Lifetime Income Payments to the Rider Charge for single Lifetime Income Payments that is in effect at the time your request is effective. We guarantee that if we increase the Rider Charge, it will not exceed the maximum Rider Charge for single Lifetime Income Payments shown on the Contract Schedule.

### **Current Treasury Rate**

The Current Treasury Rate is the Ten-year U.S. Constant Maturity Treasury rate at the end of the last Business Day of the prior week.

If the publication of the Ten-year U.S. Constant Maturity Treasury rate is discontinued, or if the calculation of the rate is changed substantially, we will seek regulatory approval to substitute a comparable rate. When we receive approval, we will send you, and any assignee of record, notice of the substitution at your last known addresses.

### **Excess Withdrawal**

If you take a Withdrawal on or after the Benefit Election Date, an Excess Withdrawal is the amount of the Withdrawal that, when added to other Withdrawals taken during the Benefit Year and the annual actual Lifetime Income Payment, is greater than the annual maximum Lifetime Income Payment. We treat any portion of a Withdrawal you take while you are receiving Lifetime Income Payments that is not an Excess Withdrawal as a Lifetime Income Payment. An Excess Withdrawal includes any applicable withdrawal charge, but does not include amounts withdrawn for any other contract charges.

If, at the end of the Business Day we receive your request for an Excess Withdrawal, or at the end of the Business Day that we process your Excess Withdrawal request, the Contract Value is or would be less than the Minimum Contract Value That Must Remain In The Contract After A Partial Withdrawal shown on the Contract Schedule, we send you the total remaining Contract Value, Lifetime Income Payments stop, and this rider and the contract terminate.

### **Lifetime Income Payment**

The payment we make to you under this rider. A Lifetime Income Payment is considered a Withdrawal.

### **Payment Date**

The date you select on which Lifetime Income Payments begin.

### **Quarterly Anniversary**

The day that occurs three, six, and nine calendar months after the Rider Effective Date or any subsequent Rider Anniversary. Quarterly Anniversaries also include Rider Anniversaries. If the Quarterly Anniversary does not occur on a Business Day, we consider it to occur on the next Business Day.

### **Rider Anniversary**

A 12-month anniversary of the Rider Effective Date. If the Rider Anniversary does not occur on a Business Day, we consider it to occur on the next Business Day.

### **Rider Year**

A period of 12 months. The first Rider Year begins on the Rider Effective Date. Subsequent Rider Years begin on the Rider Anniversaries. All Rider Years end at the end of the last day before the next Rider Anniversary.

---

## Ownership

---

### Assignment of this contract

If you assign this contract, you cannot change the Covered Person.

### Change of Ownership

On and after the Benefit Election Date, you can only change the ownership of the contract if you selected joint Lifetime Income Payments, and:

- an Owner dies, and the spouse continues the contract; or
- you remove a Covered Person from the contract who is also an Owner. In this case, the remaining Covered Person must become the new sole Owner.

---

## Purchase Payments

---

On and after the Benefit Election Date, we do not accept Additional Purchase Payments. If the Benefit Election Date is the Rider Effective Date, this rider section does not apply to your contract.

### Additional Purchase Payments

We only accept Additional Purchase Payments before the Benefit Election Date and during the Purchase Payment Period shown on the Contract Schedule.

Additional Purchase Payments must be greater than or equal to the Minimum Additional Purchase Payment shown on the Contract Schedule.

### Annual Maximum Additional Purchase Payments

If the Rider Effective Date is the Issue Date, Additional Purchase Payments on and after the first contract quarterly anniversary and before the first Rider Anniversary cannot exceed the Initial Amount shown on the Contract Schedule. After the first Rider Year, Additional Purchase Payments each Rider Year cannot exceed the Initial Amount; however, higher amounts may be accepted with our approval.

If the Rider Effective Date is after the Issue Date, Additional Purchase Payments each Rider Year cannot exceed the Initial Amount; however, higher amounts may be accepted with our approval.

---

## Protected Investment Dates

---

On and after the Benefit Election Date, there are no Protected Investment Dates. If the Benefit Election Date is the Rider Effective Date, this rider section does not apply to your contract.

The Initial Protected Investment Date, if any, is shown on the Contract Schedule.

Additional Protected Investment Dates occur on each Future Anniversary after the prior Protected Investment Date and before the Benefit Election Date. The Future Anniversary, if any, is shown on the Contract Schedule.

At the end of the last Business Day before each Protected Investment Date, if the Contract Value is less than the Protected Investment Value, we increase the Contract Value to equal the Protected Investment Value.

On any day other than the last Business Day before each Protected Investment Date, the Contract Value may no longer be equal to the Protected Investment Value.

---

## **Protected Investment Dates** *continued from the previous page*

---

### **Initial Protected Investment Date Reset**

You can reset the Initial Protected Investment Date on any Rider Anniversary by Authorized Request within 30 days following a Rider Anniversary and before the earliest of the:

- Benefit Election Date;
- older Owner's Latest Reset Birthday, or if a non-individual owns the contract, before the Annuitant's Latest Reset Birthday; or
- Initial Protected Investment Date.

The Latest Reset Birthday, if any, is shown on the Contract Schedule.

We permit a reset only if, on the Reset Date, the Contract Value at the end of the prior Business Day is at least equal to the Protected Investment Value at the end of the prior Business Day.

After we receive your request to reset the Initial Protected Investment Date, we establish the Reset Date, which is the prior Rider Anniversary. The Reset Date and reset Initial Protected Investment Date, if any, will be shown on the Contract Schedule Addendum.

The reset Initial Protected Investment Date must be a Rider Anniversary that falls within the Reset Period shown on the Contract Schedule. The reset Initial Protected Investment Date must occur before the older Owner's Latest Birthday. If the contract is owned by a non-individual, the reset Initial Protected Investment Date must occur before the Annuitant's Latest Birthday. The Latest Birthday is shown on the Contract Schedule.

We establish a new Protected Investment Value on the Reset Date equal to the Contract Value at the end of the last Business Day before the Reset Date.

---

## **Protected Investment Value**

---

On and after the Benefit Election Date, there is no Protected Investment Value. If the Benefit Election Date is the Rider Effective Date, this rider section does not apply to your contract.

We calculate the Protected Investment Value on each Business Day before the Benefit Election Date.

If the Rider Effective Date is the Issue Date, on each Business Day, the Protected Investment Value is equal to the greater of:

- the result of the Quarterly Anniversary Value multiplied by the Guarantee Percentage shown on the Contract Schedule; or
- all Purchase Payments received, reduced proportionately by the percentage of Contract Value withdrawn, determined at the end of the Business Day we process each withdrawal. Withdrawals include Partial Annuitizations and any withdrawal charge, but do not include amounts withdrawn for any other contract charges.

If the Rider Effective Date is after the Issue Date, or if the Initial Protected Investment Date is reset, on each Business Day, the Protected Investment Value is equal to the greater of:

- the result of the Quarterly Anniversary Value multiplied by the Guarantee Percentage shown on the Contract Schedule; or
- the Contract Value at the end of the last Business Day before the Rider Effective Date or Reset Date, as applicable, plus all Purchase Payments received on and after the Rider Effective Date or Reset Date, reduced proportionately by the percentage of Contract Value withdrawn, determined at the end of the Business Day we process each withdrawal taken on and after the Rider Effective Date or Reset Date. Withdrawals include Partial Annuitizations and any withdrawal charge, but do not include amounts withdrawn for any other contract charges.

---

## Quarterly Anniversary Value

---

On the Rider Effective Date:

- if the Rider Effective Date is the Issue Date, the Quarterly Anniversary Value is equal to the Initial Purchase Payment; or
- if the Rider Effective Date is after the Issue Date, the Quarterly Anniversary Value is equal to the Contract Value at the end of the last Business Day before the Rider Effective Date.

At the end of each Business Day before the Benefit Election Date we:

- increase the Quarterly Anniversary Value by the amount of any Additional Purchase Payments received that day; and
- reduce the Quarterly Anniversary Value proportionately by the percentage of Contract Value withdrawn that day. Withdrawals include Partial Annuitizations and any withdrawal charge, but do not include amounts withdrawn for any other contract charges.

At the end of the last Business Day before each Quarterly Anniversary that occurs before the older Covered Person's Latest Birthday and before the Benefit Election Date, we compare the Quarterly Anniversary Value to the Contract Value and increase the Quarterly Anniversary Value to equal this Contract Value if it is greater.

After the Benefit Election Date, there is no Quarterly Anniversary Value.

---

## Lifetime Income Value

---

We base the initial annual maximum Lifetime Income Payment and the Rider Charge on the Lifetime Income Value.

On the Rider Effective Date and on each Business Day before the Benefit Election Date, the Lifetime Income Value is equal to the Quarterly Anniversary Value.

If the Benefit Election Date is after the Rider Effective Date, then at the end of the last Business Day before the Benefit Election Date, we compare the Lifetime Income Value to the Contract Value and increase the Lifetime Income Value to equal this Contract Value if it is greater. Otherwise, this comparison does not occur.

On and after the Benefit Election Date, the Lifetime Income Value only changes if you take an Excess Withdrawal, or we increase the annual maximum Lifetime Income Payment through the automatic annual payment increases feature.

Any Excess Withdrawal reduces the Lifetime Income Value proportionately by the percentage of Contract Value withdrawn on the Business Day we process the Excess Withdrawal.

An automatic annual payment increase may increase or decrease the Lifetime Income Value. If you receive an annual payment increase, we change the Lifetime Income Value to equal the Contract Value at the end of the last Business Day before the current Benefit Anniversary.

Any change in the Lifetime Income Value changes the amount of the Rider Charge calculated and accrued for that day.

Before the Benefit Election Date, if the Lifetime Income Value is positive and the Contract Value is reduced to zero for any reason other than a Withdrawal, then this rider and the contract will remain in force.

---

## Lifetime Income Payments

---

### How Lifetime Income Payments begin

You can begin Lifetime Income Payments by providing an Authorized Request. However, Lifetime Income Payments are not available if the initial annual maximum Lifetime Income Payment on the Benefit Election Date is less than the Minimum Lifetime Income Payment shown on the Contract Schedule. The Benefit Election Date is the date we receive your Authorized Request by 4 p.m. Eastern Time. If we receive your Authorized Request after 4 p.m. Eastern Time, the Benefit Election Date is the next Business Day. On the Benefit Election Date, all Covered Persons must meet the Exercise Age Requirements shown on the Contract Schedule. Lifetime Income Payments begin on the Payment Date you select. The Payment Date must meet the Payment Date Requirements shown on the Contract Schedule.

On and after the Benefit Election Date:

- Partial Annuitizations are not available.
- The Free Withdrawal Privilege is not available.

### How we calculate Lifetime Income Payments

On the Benefit Election Date, the annual maximum Lifetime Income Payment is equal to the Lifetime Income Value multiplied by the applicable payment percentage in the Table of Payment Percentages shown on the Contract Schedule.

The annual maximum Lifetime Income Payment is the amount you are entitled to, but you can choose to take less than this amount. The amount you request to receive each Benefit Year is the annual actual Lifetime Income Payment. On the Benefit Election Date and on each subsequent Benefit Anniversary, each actual Lifetime Income Payment for the Benefit Year is equal to the annual actual Lifetime Income Payment divided by the number of payments you selected to receive each year. If the Payment Date does not fall on a Business Day, we make the payment to you on the next Business Day. The initial actual Lifetime Income Payment must either be zero or meet the Minimum Lifetime Income Payment.

While the Contract Value is greater than zero, you can change the frequency and/or amount of actual Lifetime Income Payments on each Benefit Anniversary for the following Benefit Year. You must provide notice of any requested change to the frequency and/or amount of actual Lifetime Income Payments at least 30 days before the Benefit Anniversary. We change the payment frequency and/or amount on the Benefit Anniversary and the change remains in effect until the Benefit Anniversary you request another change to the actual Lifetime Income Payments. You cannot change the frequency or amount of Lifetime Income Payments on and after the Business Day the Contract Value is reduced to zero.

Any Excess Withdrawal reduces next year's annual maximum Lifetime Income Payment on the Benefit Anniversary that occurs after the Excess Withdrawal. For each Excess Withdrawal, we reduce the annual maximum Lifetime Income Payment proportionately by the percentage of Contract Value withdrawn, determined at the end of the Business Day we process each Excess Withdrawal. If Excess Withdrawals reduce the annual maximum Lifetime Income Payment to less than the Minimum Lifetime Income Payment, Lifetime Income Payments stop, we send you the entire remaining Contract Value, and this rider and the contract terminate.

We deduct each actual Lifetime Income Payment and any Excess Withdrawal proportionately from the Investment Options.

When a Lifetime Income Payment is due, if the Contract Value is greater than zero, but less than the actual Lifetime Income Payment, we credit the Contract Value with (a) – (b), where:

- (a) is the actual Lifetime Income Payment; and
- (b) is the Contract Value immediately before we make the actual Lifetime Income Payment.

We then make the actual Lifetime Income Payment and reduce the Contract Value to zero.

---

## **Lifetime Income Payments** *continued from the previous page*

---

### **How we calculate Lifetime Income Payments (continued)**

While you are receiving Lifetime Income Payments, if the Contract Value is reduced to zero for any reason other than an Excess Withdrawal then:

- You can no longer request to receive less than the maximum Lifetime Income Payment.
- You can no longer change the frequency of the Lifetime Income Payments.
- You continue to receive the maximum Lifetime Income Payment at the frequency you previously selected until the deaths of all Covered Persons.

### **Automatic Annual Payment Increases to the Lifetime Income Payments**

On each Benefit Anniversary before the older Covered Person's Latest Birthday, we may change the annual maximum Lifetime Income Payment.

First, we adjust the annual maximum Lifetime Income Payment from the prior Benefit Anniversary, or Benefit Election Date in the case of the first Benefit Anniversary, for each Excess Withdrawal taken during the prior Benefit Year.

Then, we increase this adjusted annual maximum Lifetime Income Payment to equal the result of the Contract Value at the end of the prior Business Day multiplied by the greater of:

- the payment percentage on the prior Benefit Anniversary, or Benefit Election Date in the case of the first Benefit Anniversary; or
- the applicable payment percentage in the Table of Payment Percentages;

if this result is greater.

If we increase your payment, we change the Lifetime Income Value.

If you are receiving less than the annual maximum Lifetime Income Payment, we increase the actual Lifetime Income Payment if you chose to receive a percentage of the annual maximum, but not if you chose to receive a specific dollar amount.

Automatic annual payment increases are no longer available on and after the Business Day the Contract Value is reduced to zero.

---

## **Annuity Provisions**

---

### **Annuitization**

If on the latest Income Date specified in the contract, or on such subsequent date as may be authorized by us at our discretion, you have begun receiving Lifetime Income Payments, the Contract Value is positive and you choose to take fixed Annuity Payments as a Full Annuitization of the contract under either Annuity Option 1 or 3, we make the following guarantees. However, if on the latest Income Date you select any other Annuity Option, or if you choose variable Annuity Payments, the guarantees listed below for Annuity Options 1 and 3 do not apply. You are not required to take a Full Annuitization on the latest Income Date if the Contract Value has been reduced to zero.

If you selected single Lifetime Income Payments and you choose **Annuity Option 1 - Life Annuity** where the sole Annuitant is the sole Covered Person, then the fixed Annuity Payments are equal to the greater of:

- the Option 1 annual payment based on the terms of the contract; or
- the current annual maximum Lifetime Income Payment available to you.

If you selected joint Lifetime Income Payments and you choose **Annuity Option 3 - Joint and Last Survivor Life Annuity** with payments to continue at a level of 100% to the surviving Joint Annuitant and both Joint Annuitants are the Joint Covered Persons, then the fixed Annuity Payments are equal to the greater of:

- the Option 3 annual payment based on the terms of the contract; or
- the current annual maximum Lifetime Income Payment available to you.

The Annuity Payments must meet the Minimum Annuity Payment shown on the Contract Schedule.

---

## General Provisions

---

### Misstatement of Age

On the Rider Effective Date, the Age of all Covered Persons must be less than or equal to the Maximum Issue Age shown on the Contract Schedule.

### Removing this Rider from the Contract

If you selected the No Withdrawal Charge Option at the time of application, you can remove this rider only if we increase the Rider Charge. Otherwise, you can remove this rider from the contract on any Quarterly Anniversary while the Contract Value is positive by Authorized Request within 30 days before a Quarterly Anniversary. Your request is effective on the Quarterly Anniversary.

The date this rider is removed is called the Rider Termination Date, and will be shown on the Contract Schedule Addendum. On the Rider Termination Date, any Lifetime Income Payments we were making stop, we deduct any Rider Charge that was accrued but not yet deducted as the final Rider Charge, and the restrictions on Additional Purchase Payments, Contract Value allocations, and transfers no longer apply.

If you remove this rider from the contract, it is no longer available for future selection.

### Conditions for Termination of this Rider

Before the Benefit Election Date, this rider terminates upon the earliest of the following.

- The Rider Termination Date if you remove this rider from the contract.
- The date of death of all Covered Persons. If joint Covered Persons were not federally recognized spouses as of the date of the first Covered Person's death, spousal continuation of the contract is not available, and this rider terminates as of this date of death.
- The Business Day before the Income Date that you take a Full Annuitization.
- The Business Day we process your request for a full withdrawal.
- The Business Day that the contract terminates.

On and after the Benefit Election Date, this rider terminates upon the earliest of the following.

- The Rider Termination Date if you remove this rider from the contract.
- The Business Day you take an Excess Withdrawal of the entire Contract Value.
- The Business Day before the Income Date that you take a Full Annuitization.
- The Benefit Election Date if the initial annual maximum Lifetime Income Payment fails to meet the Minimum Lifetime Income Payment.
- The Benefit Anniversary that the annual maximum Lifetime Income Payment is less than the Minimum Lifetime Income Payment due to Excess Withdrawals.
- For single Lifetime Income Payments where the contract is solely owned or owned by a non-individual, the date of death of the Covered Person.
- For single Lifetime Income Payments where the contract is jointly owned, if the Contract Value has been reduced to zero, the date of death of the Covered Person.
- For single Lifetime Income Payments where the contract is jointly owned, if the Contract Value has not been reduced to zero and the Joint Owners are not spouses, the date of death of any Joint Owner.
- For single Lifetime Income Payments where the contract is jointly owned, if the Contract Value has not been reduced to zero and the Joint Owners are spouses, the date of death of any Joint Owner unless the surviving spouse is the Covered Person and continues the contract. If the surviving spouse who is also the Covered Person continues the contract, this rider terminates on the date of death of the Covered Person.
- For joint Lifetime Income Payments, the date of death of both Covered Persons. If upon the death of one Covered Person, the surviving spouse, who is also a Covered Person, selects to receive payment of the death benefit, then Lifetime Income Payments stop and this rider terminates at the end of the Business Day we receive both an Authorized Request of the death benefit payment option and due proof of death. If joint Covered Persons were not federally recognized spouses as of the date of the first Covered Person's death, spousal continuation of the contract is not available, and this rider terminates as of this date of death.
- The Business Day that the contract terminates.

---

## **General Provisions** *continued from the previous page*

---

### **Rider Charge**

The Rider Charge for this rider is shown on the Contract Schedule.

The Rider Charge is an annualized rate that we accrue each day after the Rider Effective Date as a percentage of the Lifetime Income Value. If any day that we are to accrue this charge is not a Business Day, we use the Lifetime Income Value at the end of the prior Business Day. We deduct the Rider Charge for each quarter on the earlier of the following: (a) at the end of the last Business Day before the Quarterly Anniversary; or (b) when we deduct the final Rider Charge. We deduct the Rider Charge from the Contract Value before we use that Contract Value to compute any values under this contract.

When we deduct the Rider Charge, we deduct it proportionately from the Investment Options. The deduction of the Rider Charge reduces the Contract Value and Bonus Value, if applicable, on a dollar for dollar basis. The deduction of the Rider Charge does not reduce the amount we use to determine the Free Withdrawal Privilege or the Withdrawal Charge, the Protected Investment Value, the Quarterly Anniversary Value, the Lifetime Income Value, and either the Traditional Death Benefit or the Quarterly Value Death Benefit, if applicable.

We deduct the final Rider Charge on the Business Day this rider terminates. However, if, on a Quarterly Anniversary, the Contract Value at the end of the prior Business Day is less than the Rider Charge, we deduct any remaining Contract Value for the final Rider Charge and reduce the Contract Value to zero.

If this rider terminates due to death, we deduct the final Rider Charge from the Contract Value before calculating the Death Benefit.

We reserve the right to change the Rider Charge for this rider on each Quarterly Anniversary, subject to the Maximum Rider Charge shown on the Contract Schedule. If we increase the Rider Charge, we will send you written notice.

In all other respects the provisions, conditions, exceptions and limitations contained in the contract remain unchanged.

Signed for the Company at its home office.

### **Allianz Life Insurance Company of North America**

[

Maureen A. Phillips  
Secretary

Gary Bhojwani  
President

]

---

## Investment Plus [(01.11)] Contract Schedule

---

Owner:	[John Doe]	Contract Number:	[??687456]
[Joint Owner:	[Jane Doe]]	Rider Effective Date:	[04/15/10]
Annuitant:	[John Doe]	Latest Birthday:	[91 <sup>st</sup> ] birthday
Covered Person(s):	[John Doe]	Maximum Issue Age:	[80]
	[Jane Doe]		

### [Purchase Payments:

Purchase Payment Period:	The first [3] years following the Rider Effective Date
Initial Amount:	Total Purchase Payments received before the first contract quarterly anniversary]

### [Protected Investment Dates:

Initial Protected Investment Date:	[04/15/20]
Future Anniversary:	[10 <sup>th</sup> ] Rider Anniversary
Reset Period:	[10-19] Rider Years after Reset Date
Latest Reset Birthday:	[81 <sup>st</sup> ] birthday]

### [Protected Investment Value:

Guarantee Percentage:	[100]%]
-----------------------	---------

### Lifetime Income Payments:

Exercise Age Requirements:	On the Benefit Election Date, all Covered Persons must be at least age [60], and no Covered Person can be age [91] or older
Payment Date Requirements:	[1st to the 28 <sup>th</sup> ] of a calendar month. The earliest Payment Date is the [Benefit Election Date], and the latest Payment Date is [28 days after the Benefit Election Date].
Minimum Lifetime Income Payment:	[\$[100]

### Table of Payment Percentages

Current Treasury Rate	Payment percentage if Younger Covered Person is age [60-64]	Payment percentage if Younger Covered Person is age [65-90]
[0.00% to 3.49%	3.5%	4%]
[3.50% to 4.99%	4.5%	5%]
[5.00% to 6.49%	5.5%	6%]
[6.50% and above	6.5%	7%]

### Contract Charges

Rider Charge:	[[1.5]% for single Lifetime Income Payments] [[1.5]% for joint Lifetime Income Payments]
Maximum Rider Charge:	[2.5]%]

---

## Investment Plus [(01.11)] Contract Schedule

---

Owner:	[John Doe]	Contract Number:	[??687456]
[Joint Owner:	[Jane Doe]]	Rider Effective Date:	[04/15/10]
Annuitant:	[John Doe]	Latest Birthday:	[91 <sup>st</sup> ] birthday
Covered Person(s):	[John Doe]	Maximum Issue Age:	[80]
	[Jane Doe]		

### [Purchase Payments:

Purchase Payment Period:	The first [3] years following the Rider Effective Date
Initial Amount:	Total Purchase Payments received before the first contract quarterly anniversary]

### [Protected Investment Dates:

Initial Protected Investment Date:	[04/15/20]
Future Anniversary:	[10 <sup>th</sup> ] Rider Anniversary
Reset Period:	[10-19] Rider Years after Reset Date
Latest Reset Birthday:	[81 <sup>st</sup> ] birthday]

### [Protected Investment Value:

Guarantee Percentage:	[100]%
-----------------------	--------

### Lifetime Income Payments:

Exercise Age Requirements:	On the Benefit Election Date, all Covered Persons must be at least age [60], and no Covered Person can be age [91] or older
Payment Date Requirements:	[1st to the 28 <sup>th</sup> ] of a calendar month. The earliest Payment Date is the [Benefit Election Date], and the latest Payment Date is [28 days after the Benefit Election Date].
Minimum Lifetime Income Payment:	[\$[100]

### Table of Payment Percentages

Current Treasury Rate	Payment percentage if Younger Covered Person is age [60-64]	Payment percentage if Younger Covered Person is age [65-90]
[0.00% to 3.49%	3.5%	4%]
[3.50% to 4.99%	4.5%	5%]
[5.00% to 6.49%	5.5%	6%]
[6.50% and above	6.5%	7%]

### Contract Charges

Rider Charge:	[[1.5]% for single Lifetime Income Payments] [[1.5]% for joint Lifetime Income Payments]
Maximum Rider Charge:	[2.5]%

## INVESTMENT OPTIONS CONTRACT SCHEDULE

**OWNER:** [John Doe]  
**JOINT OWNER:** [Jane Doe]  
**ANNUITANT:** [John Doe]

**CONTRACT NUMBER:** [??687456]  
**ISSUE DATE:** [04/15/07]  
**INCOME DATE:** [04/15/17]

### ALLOCATION GUIDELINES:

1. Currently, you can select up to [15] of the Investment Options.
2. Allocations must be made in whole percentages.]

### [INVESTMENT OPTION RESTRICTION FOR ALLOCATING CONTRACT VALUE:

[Group A: no more than [0]% of total Contract Value]  
[Group B: no more than [0]% of total Contract Value]  
[Combined Group A and Group B: no more than [0]% of total Contract Value]  
[Combined Group B and Group C: no more than [0]% of total Contract Value]  
[Group C: up to [100]% of total Contract Value]]

### INVESTMENT OPTIONS:

**VARIABLE ACCOUNT:** [Allianz Life Variable Account B]

Shown below are the Investment Options.

<b>[Group A Investment Options</b>
AZL COLUMBIA SMALL CAP VALUE FUND
AZL FRANKLIN SMALL CAP VALUE FUND
AZL TURNER QUANTITATIVE SMALL CAP GROWTH FUND
AZL ALLIANZ AGIC OPPORTUNITY FUND
AZL SMALL CAP STOCK INDEX FUND
AZL SCHRODER EMERGING MARKETS EQUITY FUND
AZL MORGAN STANLEY GLOBAL REAL ESTATE FUND
PIMCO VIT COMMODITY REALRETURN STRATEGY PORTFOLIO
FRANKLIN INCOME SECURITIES FUND
FRANKLIN TEMPLETON VIP FOUNDING FUNDS ALLOCATION FUND
AZL FUSION GROWTH FUND]
<b>[Group B Investment Options</b>
AZL COLUMBIA MID CAP VALUE FUND
AZL MORGAN STANLEY MID CAP GROWTH FUND
AZL MID CAP INDEX FUND
AZL DREYFUS EQUITY GROWTH FUND
AZL BLACKROCK CAPITAL APPRECIATION FUND
AZL INVESCO INTERNATIONAL EQUITY FUND
AZL INTERNATIONAL INDEX FUND
AZL MORGAN STANLEY INTERNATIONAL EQUITY FUND
TEMPLETON GROWTH SECURITIES FUND
PIMCO EQS PATHFINDER PORTFOLIO
AZL MFS INVESTORS TRUST FUND
AZL JPMORGAN U.S. EQUITY FUND
AZL S&P 500 INDEX FUND
AZL DAVIS NY VENTURE FUND
AZL EATON VANCE LARGE CAP VALUE FUND
AZL VAN KAMPEN GROWTH AND INCOME FUND
MUTUAL SHARES SECURITIES FUND]

<b>[Group C Investment Options</b>
AZL FUSION MODERATE FUND
AZL FUSION BALANCED FUND
AZL FUSION CONSERVATIVE FUND
AZL GROWTH INDEX STRATEGY FUND
AZL BALANCED INDEX STRATEGY FUND
FIDELITY VIP FUNDSMANAGER 50% PORTFOLIO
FIDELITY VIP FUNDSMANAGER 60% PORTFOLIO
FRANKLIN HIGH INCOME SECURITIES FUND
PIMCO VIT HIGH YIELD PORTFOLIO
PIMCO VIT EMERGING MARKETS BOND PORTFOLIO
PIMCO VIT GLOBAL BOND PORTFOLIO (UNHEDGED)
PIMCO VIT REAL RETURN PORTFOLIO
PIMCO VIT TOTAL RETURN PORTFOLIO
TEMPLETON GLOBAL BOND SECURITIES FUND
FRANKLIN U.S.GOVERNMENT FUND
AZL MONEY MARKET FUND
AZL VAN KAMPEN EQUITY AND INCOME FUND
PIMCO VIT ALL ASSET PORTFOLIO
PIMCO VIT GLOBAL MULTI-ASSET PORTFOLIO
BLACKROCK GLOBAL ALLOCATION V.I. FUND
AZL FRANKLIN TEMPLETON FOUNDING STRATEGY PLUS FUND
AZL GATEWAY FUND]

## CONTRACT SCHEDULE ADDENDUM

<b>OWNER:</b>	[John Doe]	<b>CONTRACT NUMBER:</b>	[??687456]
<b>[JOINT OWNER:</b>	[Jane Doe]]		
<b>ANNUITANT:</b>	[John Doe]		

<b>RESET DATE:</b>	[04/15/17]	<b>INITIAL PROTECTED INVESTMENT DATE:</b>	[04/15/27]
--------------------	------------	---	------------

## [Allianz Vision<sup>SM</sup>] Variable Annuity Application

[DA \_\_\_\_\_]

### 1. Account registration

Ownership is ☐ Individual ☐ Qualified plan ☐ Custodian ☐ Trust (Include the date of trust in the name.)  
☐ Charitable Trust ☐ Other \_\_\_\_\_]

#### Owner

Individual Owner first name	MI	Last name	Jr., Sr., III
-----------------------------	----	-----------	---------------

Non-individual owner name (Attach Non- Individual Ownership form or Qualified Plan Acknowledgement form if applicable.)

Social Security Number or Tax ID Number

Mailing address

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Street address (required if a P.O. Box was used for mailing address)

City	State	ZIP code
------	-------	----------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	----------------------------	---

#### Joint Owner

First name	MI	Last name	Jr., Sr., III
------------	----	-----------	---------------

Mailing address

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	----------------------------	---

Relationship to Owner	Social Security Number
-----------------------	------------------------

#### Annuitant (Complete if different from Owner.)

First name	MI	Last name	Jr., Sr., III
------------	----	-----------	---------------

Mailing address

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Street address (required if a P.O. Box was used for mailing address)

City	State	ZIP code
------	-------	----------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	------------------------	----------------------------	---

## 2. Purchase Payment (This section must be completed.)

Make check payable to Allianz.

Source of purchase payment. Complete all that apply.

☐ Nonqualified

☐ Qualified Account type(s) at prior carrier: \_\_\_\_\_ (e.g. 403B, IRA, 401K, etc)

☐ Purchase Payment enclosed with application. (Include replacement forms if required.)

Amount enclosed: \$ \_\_\_\_\_

☐ This Contract will be funded by a 1035 exchange, tax qualified transfer/rollover, CD transfer, or mutual fund redemption. (Include replacement/ transfer forms if required.)

Expected amount: \$ \_\_\_\_\_

☐ This Contract will be funded by funds not requested or facilitated by Allianz. (Include replacement forms if required.)

Expected amount: \$ \_\_\_\_\_

## 3. Plan specifics (This section must be completed to indicate how this Contract should be issued.)

Nonqualified: ☐

Qualified IRA: ☐ IRA ☐ Roth IRA ☐ SEP IRA (Contribution for tax year \_\_\_\_\_)

Qualified plans: ☐ 401 ☐ 401 one person defined benefit

## 4. Telephone authorization

☐ **Yes** By checking "yes," I am authorizing and directing Allianz to act on telephone or electronic instructions from the Registered Representative and/or anyone authorized by him/her to transfer Contract Values among the Investment Options. **If the box is not checked, this authorization will be permitted for the Owner only.** Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or terminated at the discretion of the company.

## 5. Replacement (This section must be completed.)

Do you have existing life insurance or annuity contracts? ..... ☐ Yes ☐ No

Will the annuity contract applied for replace or change existing contracts or policies? ..... ☐ Yes ☐ No

**If there is existing coverage, states that have adopted the NAIC Model Replacement Regulation or a variation of the Model, require that the replacement form be completed even if a replacement is not indicated.** For a replacement in any state, attach the appropriate replacement form for the state in which the application is taken. The Registered Representative must also complete the Registered Representative section regarding replacement.

## [6. Contract options - Must select only one]

☐ **Base Contract** (No additional cost)

☐ **Bonus Option**<sup>1</sup>

☐ **Short Withdrawal Charge Option**<sup>1</sup>

☐ **No Withdrawal Charge Option**<sup>1</sup>

## [7. Optional death benefit]

☐ **Quarterly Value Death Benefit**<sup>1</sup>

[<sup>1</sup> Carries an additional charge]

**[8. Other benefits - Must select only one]**

☐ **No Additional Benefit** (No additional cost)

☐ **Investment Protector**<sup>1</sup>

Number of years to the Initial Target Value Date \_\_\_\_\_

☐ **Investment Plus**<sup>1</sup> (Complete Covered Person(s) information below.)

Number of years to the Initial Protected Investment Date \_\_\_\_\_

☐ **Income Protector**<sup>1</sup> (Complete Covered Person(s) information below.)

**Covered Person(s)** - Select one.

☐ **Single Lifetime Plus Payments or Lifetime Income Payments:**

Name \_\_\_\_\_

This person is: (check one) ☐ Owner ☐ Joint Owner ☐ Annuitant, if owned by a non-individual

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

**Proof of age is required for all Covered Person(s).** Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

☐ Driver's license ☐ Certificate of birth ☐ Passport ☐ Other \_\_\_\_\_

**OR**

☐ **Joint Lifetime Plus Payments or Lifetime Income Payments:**

First Covered Person's name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

**Proof of age is required for all Covered Person(s).** Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

☐ Driver's license ☐ Certificate of birth ☐ Passport ☐ Other \_\_\_\_\_

This person is: (check one) ☐ Owner  
☐ Joint Owner  
☐ Annuitant, if owned by a non-individual  
☐ Sole primary Beneficiary (individually owned qualified and nonqualified)  
☐ Sole contingent Beneficiary (401 qualified plan, custodial IRA)

Second Covered Person's name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

**Proof of age is required for all Covered Person(s).** Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

☐ Driver's license ☐ Certificate of birth ☐ Passport ☐ Other \_\_\_\_\_

This person is: (check one) ☐ Owner  
☐ Joint Owner  
☐ Annuitant, if owned by a non-individual  
☐ Sole primary Beneficiary (individually owned qualified and nonqualified)  
☐ Sole contingent Beneficiary (401 qualified plan, custodial IRA)

**By selecting the [Income Protector, Investment Protector or Investment Plus], I acknowledge that my selections of Investment Options are restricted and that Allianz will reallocate my Contract Value in accordance with the asset allocation and transfer provisions in the Contract.**

[<sup>1</sup> Carries an additional charge]

### [9.] Dollar cost averaging (Optional)

- Select a 6 month or 12 month DCA program only if you wish to participate in dollar cost averaging.
- 100% of your initial Purchase Payment will be applied to the DCA Money Market Account.
- Your selections in the Investment Options section need to meet any restrictions for the benefit selected.  
☐ 6 month    ☐ 12 month

### [10.] Investment Option allocations

You may select up to [15] Investment Options. You must make allocations in whole percentages (e.g. 33.3% or dollars are **not** permitted). Please see the current prospectus for Investment Option requirements.

## [Income Protector or Investment Plus]

### Group C Investment Options

#### Fund of Funds

- \_\_\_\_ % AZL Fusion<sup>SM</sup> Moderate Fund
- \_\_\_\_ % AZL Fusion<sup>SM</sup> Balanced Fund
- \_\_\_\_ % AZL Fusion<sup>SM</sup> Conservative Fund
- \_\_\_\_ % AZL<sup>®</sup> Growth Index Strategy Fund
- \_\_\_\_ % AZL<sup>®</sup> Balanced Index Strategy Fund
- \_\_\_\_ % Fidelity VIP FundsManager 50% Portfolio
- \_\_\_\_ % Fidelity VIP FundsManager 60% Portfolio

#### High-Yield Bonds

- \_\_\_\_ % Franklin High Income Securities Fund
- \_\_\_\_ % PIMCO VIT High Yield Portfolio

#### Intermediate-Term Bonds

- \_\_\_\_ % PIMCO VIT Emerging Markets Bond Portfolio
- \_\_\_\_ % PIMCO VIT Global Bond Portfolio (Unhedged)
- \_\_\_\_ % PIMCO VIT Real Return Portfolio
- \_\_\_\_ % PIMCO VIT Total Return Portfolio
- \_\_\_\_ % Templeton Global Bond Securities Fund
- \_\_\_\_ % Franklin U.S. Government Fund

#### Cash Equivalent

- \_\_\_\_ % AZL<sup>®</sup> Money Market Fund

#### Specialty

- \_\_\_\_ % AZL<sup>®</sup> Van Kampen Equity and Income Fund
- \_\_\_\_ % PIMCO VIT All Asset Portfolio
- \_\_\_\_ % PIMCO VIT Global Multi-Asset Portfolio
- \_\_\_\_ % BlackRock Global Allocation V.I. Fund
- \_\_\_\_ % AZL<sup>®</sup> Franklin Templeton Founding Strategy Plus Fund
- \_\_\_\_ % AZL<sup>®</sup> Gateway Fund

Total of \_\_\_\_\_% (must equal 100%)

## [10.] Investment Option allocations (Continued)

You may select up to [15] Investment Options. You must make allocations in whole percentages (e.g. 33.3% or dollars are **not** permitted). Please see the current prospectus for Investment Option requirements.

### [Investment Protector or No Additional Benefit]

#### Group A Investment Options

##### Small Cap

- \_\_\_\_ % AZL® Columbia Small Cap Value Fund
- \_\_\_\_ % AZL® Franklin Small Cap Value Fund
- \_\_\_\_ % AZL® Turner Quantitative Small Cap Growth Fund
- \_\_\_\_ % AZL® Allianz AGIC Opportunity Fund
- \_\_\_\_ % AZL® Small Cap Stock Index Fund

##### Specialty

- \_\_\_\_ % AZL® Schroder Emerging Markets Equity Fund
- \_\_\_\_ % AZL® Morgan Stanley Global Real Estate Fund
- \_\_\_\_ % PIMCO VIT Commodity RealReturn Strategy Portfolio

#### Group B Investment Options

##### Mid Cap

- \_\_\_\_ % AZL® Columbia Mid Cap Value Fund
- \_\_\_\_ % AZL® Morgan Stanley Mid Cap Growth Fund
- \_\_\_\_ % AZL® Mid Cap Index Fund

##### Large Growth

- \_\_\_\_ % AZL® Dreyfus Equity Growth Fund
- \_\_\_\_ % AZL® BlackRock Capital Appreciation Fund

##### International Equity

- \_\_\_\_ % AZL® Invesco International Equity Fund
- \_\_\_\_ % AZL® International Index Fund
- \_\_\_\_ % AZL® Morgan Stanley International Equity Fund

##### Specialty (continued)

- \_\_\_\_ % Franklin Income Securities Fund
- \_\_\_\_ % Franklin Templeton VIP Founding Funds Allocation Fund

##### Fund of Funds

- \_\_\_\_ % AZL Fusion<sup>SM</sup> Growth Fund

##### International Equity (continued)

- \_\_\_\_ % Templeton Growth Securities Fund
- \_\_\_\_ % PIMCO EqS Pathfinder Portfolio

##### Large Blend

- \_\_\_\_ % AZL® MFS Investors Trust Fund
- \_\_\_\_ % AZL® JPMorgan U.S. Equity Fund
- \_\_\_\_ % AZL® S&P 500® Index Fund

##### Large Value

- \_\_\_\_ % AZL® Davis NY Venture Fund
- \_\_\_\_ % AZL® Eaton Vance Large Cap Value Fund
- \_\_\_\_ % AZL® Van Kampen Growth and Income Fund
- \_\_\_\_ % Mutual Shares Securities Fund

#### Group X Investment Options

##### Fund of Funds

- \_\_\_\_ % AZL Fusion<sup>SM</sup> Moderate Fund
- \_\_\_\_ % AZL Fusion<sup>SM</sup> Balanced Fund
- \_\_\_\_ % AZL Fusion<sup>SM</sup> Conservative Fund
- \_\_\_\_ % AZL® Growth Index Strategy Fund
- \_\_\_\_ % AZL® Balanced Index Strategy Fund
- \_\_\_\_ % Fidelity VIP FundsManager 50% Portfolio
- \_\_\_\_ % Fidelity VIP FundsManager 60% Portfolio

##### Specialty

- \_\_\_\_ % AZL® Van Kampen Equity and Income Fund
- \_\_\_\_ % BlackRock Global Allocation V.I. Fund
- \_\_\_\_ % PIMCO VIT All Asset Portfolio
- \_\_\_\_ % PIMCO VIT Global Multi-Asset Portfolio
- \_\_\_\_ % AZL® Franklin Templeton Founding Strategy Plus Fund
- \_\_\_\_ % AZL® Gateway Fund

#### Group Y Investment Options

##### High-Yield Bonds

- \_\_\_\_ % Franklin High Income Securities Fund
- \_\_\_\_ % PIMCO VIT High Yield Portfolio

##### Intermediate-Term Bonds

- \_\_\_\_ % PIMCO VIT Emerging Markets Bond Portfolio
- \_\_\_\_ % PIMCO VIT Global Bond Portfolio (Unhedged)
- \_\_\_\_ % PIMCO VIT Real Return Portfolio

##### Intermediate-Term Bonds (continued)

- \_\_\_\_ % Franklin U.S. Government Fund
- \_\_\_\_ % PIMCO VIT Total Return Portfolio
- \_\_\_\_ % Templeton Global Bond Securities Fund

##### Cash Equivalent

- \_\_\_\_ % AZL® Money Market Fund

Total of \_\_\_\_\_ % (must equal 100%)

**[11.] Beneficiary designation (If you need additional space, attach a complete list signed by Owner(s).)**

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

**Non-individual Beneficiary information**

If the Beneficiary is a qualified plan, custodian, trust, charitable trust or other non-individual please check the applicable box and include the name above.

☐ Qualified plan   ☐ Custodian   ☐ Trust (Include the date of trust in the name.)   ☐ Charitable Trust   ☐ Other \_\_\_\_\_

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number
---	------------	---

**[12.] Registered Representative**

By signing below, the Registered Representative certifies to the following:

I am FINRA registered and state licensed for variable annuity contracts in all required jurisdictions; and I provided the Owner(s) with the most current prospectus. To the best of my knowledge, the applicant: ☐ **DOES** ☐ **DOES NOT** have existing life insurance policies or annuity contracts. To the best of my knowledge and belief, this application ☐ **DOES** ☐ **DOES NOT** involve replacement of existing life insurance or annuities. If this is a replacement, include a copy of each disclosure statement and a list of companies involved.

Registered Representative's signature	B/D Rep. ID	
Registered Representative's first and last name (please print)	Percent split	
Registered Representative's signature (split case)	B/D Rep. ID	
Registered Representative's first and last name (please print) (split case)	Percent split	
Registered Representative's signature (split case)	B/D Rep. ID	
Registered Representative's first and last name (please print) (split case)	Percent split	
Registered Representative's address	Registered Representative's telephone number	

Broker/dealer name (please print)

Authorized signature broker/dealer (if required)

Commission options (please check one)

☐ A   ☐ B   ☐ C

### [13.] Statement of applicant

The following states require applicants to read and acknowledge the statement for your state below.

**Arkansas, District of Columbia, and Massachusetts:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Kentucky, Maine, New Mexico, Ohio, Tennessee, and West Virginia:** Any person who knowingly, and with intent to defraud any insurance company, submits an application or

**files a statement of claim containing any false, incomplete, or misleading information, commits a fraudulent insurance act, which is a crime, and may be subject to criminal prosecution and civil penalties. In ME and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits..**

**Louisiana:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

By signing below, the Owner acknowledges the applicable statements mentioned above and agrees to the following:

I received a prospectus and have determined that the variable annuity applied for is not unsuitable for my investment objectives, financial situation, and financial needs. It is a long-term commitment to meet my financial needs and goals. **I understand that the Contract Value and variable Annuity Payments may increase or decrease depending on the investment results of the variable Investment Options, and that under the Base Contract there is no guaranteed minimum Contract Value or variable Annuity Payment. If I selected any additional options, any guarantees provided for those options are outlined in my Contract and prospectus.** To the best of my knowledge and belief, all statements and answers in this application are complete and true. It is further agreed that these statements and answers will become a part of any Contract to be issued. No representative is authorized to modify this agreement or waive any Allianz rights or requirements.

For information on current Contract features, restrictions or charges please review with your Registered Representative.

☐ Please send me a statement of additional information (Also available on [www.allianzlife.com])

Any required replacement forms must be signed and dated the date of the application or earlier.

Owner/Trustee/Authorized signer signature	Joint Owner/Trustee/Authorized signer signature
Signed at (City, State)	Date signed

### [14.] Home office use only

If Allianz Life Insurance Company of North America makes a change in this space in order to correct any apparent errors or omissions, it will be approved by acceptance of this Contract by the Owner(s); however, any material change must be accepted in writing by the Owner(s). Changes to this application that affect product, benefits, amount of insurance, or age require acceptance by Owner(s).

**Please call Allianz with any questions at [800.624.0197].**

#### Mailing information

Applications that **HAVE** a check attached

##### Regular mail

Allianz  
NW 5989  
PO Box 1450  
Minneapolis, MN 55485-5989

##### Overnight, certified, or registered

Wells Fargo LBX Services  
NW 5989 Allianz  
1350 Energy Lane, Ste. 200  
St. Paul, MN 55108-5254

Applications that **DO NOT HAVE** a check attached

##### Regular mail

Allianz  
PO Box 561  
Minneapolis, MN 55440-0561

##### Overnight, certified, or registered

Allianz  
5701 Golden Hills Drive  
Golden Valley, MN 55416-1297

## [Allianz Connections<sup>SM</sup>] Variable Annuity Application

[DA \_\_\_\_\_]

### 1. Account registration

Ownership is ☐ Individual ☐ Qualified plan ☐ Custodian ☐ Trust (Include the date of trust in the name.)  
☐ Charitable Trust ☐ Other \_\_\_\_\_]

#### Owner

Individual Owner first name	MI	Last name	Jr., Sr., III
-----------------------------	----	-----------	---------------

Non-individual owner name (Attach Non- Individual Ownership form or Qualified Plan Acknowledgement form if applicable.)

Social Security Number or Tax ID Number

Mailing address

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Street address (required if a P.O. Box was used for mailing address)

City	State	ZIP code
------	-------	----------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	----------------------------	---

#### Joint Owner

First name	MI	Last name	Jr., Sr., III
------------	----	-----------	---------------

Mailing address

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	----------------------------	---

Relationship to Owner	Social Security Number
-----------------------	------------------------

#### Annuitant (Complete if different from Owner.)

First name	MI	Last name	Jr., Sr., III
------------	----	-----------	---------------

Mailing address

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Street address (required if a P.O. Box was used for mailing address)

City	State	ZIP code
------	-------	----------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	------------------------	----------------------------	---

## 2. Purchase Payment (This section must be completed.)

Make check payable to Allianz.

Source of purchase payment. Complete all that apply.

☐ Nonqualified

☐ Qualified Account type(s) at prior carrier: \_\_\_\_\_ (e.g. 403B, IRA, 401K, etc)

☐ Purchase Payment enclosed with application. (Include replacement forms if required.)

Amount enclosed: \$ \_\_\_\_\_

☐ This Contract will be funded by a 1035 exchange, tax qualified transfer/rollover, CD transfer, or mutual fund redemption. (Include replacement/ transfer forms if required.)

Expected amount: \$ \_\_\_\_\_

☐ This Contract will be funded by funds not requested or facilitated by Allianz. (Include replacement forms if required.)

Expected amount: \$ \_\_\_\_\_

## 3. Plan specifics (This section must be completed to indicate how this Contract should be issued.)

Nonqualified: ☐

Qualified IRA: ☐ IRA ☐ Roth IRA ☐ SEP IRA (Contribution for tax year \_\_\_\_\_)

Qualified plans: ☐ 401 ☐ 401 one person defined benefit

## 4. Telephone authorization

☐ **Yes** By checking "yes," I am authorizing and directing Allianz to act on telephone or electronic instructions from the Registered Representative and/or anyone authorized by him/her to transfer Contract Values among the Investment Options. **If the box is not checked, this authorization will be permitted for the Owner only.** Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or terminated at the discretion of the company.

## 5. Replacement (This section must be completed.)

Do you have existing life insurance or annuity contracts? ..... ☐ Yes ☐ No

Will the annuity contract applied for replace or change existing contracts or policies? ..... ☐ Yes ☐ No

**If there is existing coverage, states that have adopted the NAIC Model Replacement Regulation or a variation of the Model, require that the replacement form be completed even if a replacement is not indicated.** For a replacement in any state, attach the appropriate replacement form for the state in which the application is taken. The Registered Representative must also complete the Registered Representative section regarding replacement.

## [6. Contract options - Must select only one]

☐ Base Contract (No additional cost)

☐ Short Withdrawal Charge Option<sup>1</sup>

☐ No Withdrawal Charge Option<sup>1</sup>

## [7. Optional death benefit]

☐ Quarterly Value Death Benefit<sup>1</sup>

[<sup>1</sup> Carries an additional charge]

**[8. Other benefits - Must select only one]**

☐ **No Additional Benefit** (No additional cost)

☐ **Investment Protector**<sup>1</sup>

Number of years to the Initial Target Value Date \_\_\_\_\_

☐ **Investment Plus**<sup>1</sup> (Complete Covered Person(s) information below.)

Number of years to the Initial Protected Investment Date \_\_\_\_\_

☐ **Income Protector**<sup>1</sup> (Complete Covered Person(s) information below.)

**Covered Person(s)** - Select one.

☐ **Single Lifetime Plus Payments or Lifetime Income Payments:**

Name \_\_\_\_\_

This person is: (check one) ☐ Owner ☐ Joint Owner ☐ Annuitant, if owned by a non-individual

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

**Proof of age is required for all Covered Person(s).** Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

☐ Driver's license ☐ Certificate of birth ☐ Passport ☐ Other \_\_\_\_\_

**OR**

☐ **Joint Lifetime Plus Payments or Lifetime Income Payments:**

First Covered Person's name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

**Proof of age is required for all Covered Person(s).** Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

☐ Driver's license ☐ Certificate of birth ☐ Passport ☐ Other \_\_\_\_\_

This person is: (check one) ☐ Owner  
☐ Joint Owner  
☐ Annuitant, if owned by a non-individual  
☐ Sole primary Beneficiary (individually owned qualified and nonqualified)  
☐ Sole contingent Beneficiary (401 qualified plan, custodial IRA)

Second Covered Person's name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

**Proof of age is required for all Covered Person(s).** Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

☐ Driver's license ☐ Certificate of birth ☐ Passport ☐ Other \_\_\_\_\_

This person is: (check one) ☐ Owner  
☐ Joint Owner  
☐ Annuitant, if owned by a non-individual  
☐ Sole primary Beneficiary (individually owned qualified and nonqualified)  
☐ Sole contingent Beneficiary (401 qualified plan, custodial IRA)

**By selecting the [Income Protector, Investment Protector or Investment Plus], I acknowledge that my selections of Investment Options are restricted and that Allianz will reallocate my Contract Value in accordance with the asset allocation and transfer provisions in the Contract.**

[<sup>1</sup> Carries an additional charge]

### [9.] Dollar cost averaging (Optional)

- Select a 6 month or 12 month DCA program only if you wish to participate in dollar cost averaging.
- 100% of your initial Purchase Payment will be applied to the DCA Money Market Account.
- Your selections in the Investment Options section need to meet any restrictions for the benefit selected.  
☐ 6 month    ☐ 12 month

### [10.] Investment Option allocations

You may select up to [15] Investment Options. You must make allocations in whole percentages (e.g. 33.3% or dollars are **not** permitted). Please see the current prospectus for Investment Option requirements.

## [Income Protector or Investment Plus]

### Group C Investment Options

#### Fund of Funds

- \_\_\_\_ % AZL Fusion<sup>SM</sup> Moderate Fund
- \_\_\_\_ % AZL Fusion<sup>SM</sup> Balanced Fund
- \_\_\_\_ % AZL Fusion<sup>SM</sup> Conservative Fund
- \_\_\_\_ % AZL<sup>®</sup> Growth Index Strategy Fund
- \_\_\_\_ % AZL<sup>®</sup> Balanced Index Strategy Fund
- \_\_\_\_ % Fidelity VIP FundsManager 50% Portfolio
- \_\_\_\_ % Fidelity VIP FundsManager 60% Portfolio

#### High-Yield Bonds

- \_\_\_\_ % Franklin High Income Securities Fund
- \_\_\_\_ % PIMCO VIT High Yield Portfolio

#### Intermediate-Term Bonds

- \_\_\_\_ % PIMCO VIT Emerging Markets Bond Portfolio
- \_\_\_\_ % PIMCO VIT Global Bond Portfolio (Unhedged)
- \_\_\_\_ % PIMCO VIT Real Return Portfolio
- \_\_\_\_ % PIMCO VIT Total Return Portfolio
- \_\_\_\_ % Templeton Global Bond Securities Fund
- \_\_\_\_ % Franklin U.S. Government Fund

#### Cash Equivalent

- \_\_\_\_ % AZL<sup>®</sup> Money Market Fund

#### Specialty

- \_\_\_\_ % AZL<sup>®</sup> Van Kampen Equity and Income Fund
- \_\_\_\_ % PIMCO VIT All Asset Portfolio
- \_\_\_\_ % PIMCO VIT Global Multi-Asset Portfolio
- \_\_\_\_ % BlackRock Global Allocation V.I. Fund
- \_\_\_\_ % AZL<sup>®</sup> Franklin Templeton Founding Strategy Plus Fund
- \_\_\_\_ % AZL<sup>®</sup> Gateway Fund

Total of \_\_\_\_\_% (must equal 100%)

## [10.] Investment Option allocations (Continued)

You may select up to [15] Investment Options. You must make allocations in whole percentages (e.g. 33.3% or dollars are **not** permitted). Please see the current prospectus for Investment Option requirements.

### [Investment Protector or No Additional Benefit]

#### Group A Investment Options

##### Small Cap

- \_\_\_\_ % AZL® Columbia Small Cap Value Fund
- \_\_\_\_ % AZL® Franklin Small Cap Value Fund
- \_\_\_\_ % AZL® Turner Quantitative Small Cap Growth Fund
- \_\_\_\_ % AZL® Allianz AGIC Opportunity Fund
- \_\_\_\_ % AZL® Small Cap Stock Index Fund

##### Specialty

- \_\_\_\_ % AZL® Schroder Emerging Markets Equity Fund
- \_\_\_\_ % AZL® Morgan Stanley Global Real Estate Fund
- \_\_\_\_ % PIMCO VIT Commodity RealReturn Strategy Portfolio

#### Group B Investment Options

##### Mid Cap

- \_\_\_\_ % AZL® Columbia Mid Cap Value Fund
- \_\_\_\_ % AZL® Morgan Stanley Mid Cap Growth Fund
- \_\_\_\_ % AZL® Mid Cap Index Fund

##### Large Growth

- \_\_\_\_ % AZL® Dreyfus Equity Growth Fund
- \_\_\_\_ % AZL® BlackRock Capital Appreciation Fund

##### International Equity

- \_\_\_\_ % AZL® Invesco International Equity Fund
- \_\_\_\_ % AZL® International Index Fund
- \_\_\_\_ % AZL® Morgan Stanley International Equity Fund

##### Specialty (continued)

- \_\_\_\_ % Franklin Income Securities Fund
- \_\_\_\_ % Franklin Templeton VIP Founding Funds Allocation Fund

##### Fund of Funds

- \_\_\_\_ % AZL Fusion<sup>SM</sup> Growth Fund

##### International Equity (continued)

- \_\_\_\_ % Templeton Growth Securities Fund
- \_\_\_\_ % PIMCO EqS Pathfinder Portfolio

##### Large Blend

- \_\_\_\_ % AZL® MFS Investors Trust Fund
- \_\_\_\_ % AZL® JPMorgan U.S. Equity Fund
- \_\_\_\_ % AZL® S&P 500® Index Fund

##### Large Value

- \_\_\_\_ % AZL® Davis NY Venture Fund
- \_\_\_\_ % AZL® Eaton Vance Large Cap Value Fund
- \_\_\_\_ % AZL® Van Kampen Growth and Income Fund
- \_\_\_\_ % Mutual Shares Securities Fund

#### Group X Investment Options

##### Fund of Funds

- \_\_\_\_ % AZL Fusion<sup>SM</sup> Moderate Fund
- \_\_\_\_ % AZL Fusion<sup>SM</sup> Balanced Fund
- \_\_\_\_ % AZL Fusion<sup>SM</sup> Conservative Fund
- \_\_\_\_ % AZL® Growth Index Strategy Fund
- \_\_\_\_ % AZL® Balanced Index Strategy Fund
- \_\_\_\_ % Fidelity VIP FundsManager 50% Portfolio
- \_\_\_\_ % Fidelity VIP FundsManager 60% Portfolio

##### Specialty

- \_\_\_\_ % AZL® Van Kampen Equity and Income Fund
- \_\_\_\_ % BlackRock Global Allocation V.I. Fund
- \_\_\_\_ % PIMCO VIT All Asset Portfolio
- \_\_\_\_ % PIMCO VIT Global Multi-Asset Portfolio
- \_\_\_\_ % AZL® Franklin Templeton Founding Strategy Plus Fund
- \_\_\_\_ % AZL® Gateway Fund

#### Group Y Investment Options

##### High-Yield Bonds

- \_\_\_\_ % Franklin High Income Securities Fund
- \_\_\_\_ % PIMCO VIT High Yield Portfolio

##### Intermediate-Term Bonds

- \_\_\_\_ % PIMCO VIT Emerging Markets Bond Portfolio
- \_\_\_\_ % PIMCO VIT Global Bond Portfolio (Unhedged)
- \_\_\_\_ % PIMCO VIT Real Return Portfolio

##### Intermediate-Term Bonds (continued)

- \_\_\_\_ % Franklin U.S. Government Fund
- \_\_\_\_ % PIMCO VIT Total Return Portfolio
- \_\_\_\_ % Templeton Global Bond Securities Fund

##### Cash Equivalent

- \_\_\_\_ % AZL® Money Market Fund

Total of \_\_\_\_\_ % (must equal 100%)

**[11.] Beneficiary designation (If you need additional space, attach a complete list signed by Owner(s).)**

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

**Non-individual Beneficiary information**

If the Beneficiary is a qualified plan, custodian, trust, charitable trust or other non-individual please check the applicable box and include the name above.

☐ Qualified plan   ☐ Custodian   ☐ Trust (Include the date of trust in the name.)   ☐ Charitable Trust   ☐ Other \_\_\_\_\_

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number
---	------------	---

**[12.] Registered Representative**

By signing below, the Registered Representative certifies to the following:

I am FINRA registered and state licensed for variable annuity contracts in all required jurisdictions; and I provided the Owner(s) with the most current prospectus. To the best of my knowledge, the applicant: ☐ **DOES** ☐ **DOES NOT** have existing life insurance policies or annuity contracts. To the best of my knowledge and belief, this application ☐ **DOES** ☐ **DOES NOT** involve replacement of existing life insurance or annuities. If this is a replacement, include a copy of each disclosure statement and a list of companies involved.

Registered Representative's signature	B/D Rep. ID	
Registered Representative's first and last name (please print)	Percent split	
Registered Representative's signature (split case)	B/D Rep. ID	
Registered Representative's first and last name (please print) (split case)	Percent split	
Registered Representative's signature (split case)	B/D Rep. ID	
Registered Representative's first and last name (please print) (split case)	Percent split	
Registered Representative's address	Registered Representative's telephone number	

Broker/dealer name (please print)

Authorized signature broker/dealer (if required)

Commission options (please check one)

☐ A   ☐ B   ☐ C

### [13.] Statement of applicant

The following states require applicants to read and acknowledge the statement for your state below.

**Arkansas, District of Columbia, and Massachusetts:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Kentucky, Maine, New Mexico, Ohio, Tennessee, and West Virginia:** Any person who knowingly, and with intent to defraud any insurance company, submits an application or

**files a statement of claim containing any false, incomplete, or misleading information, commits a fraudulent insurance act, which is a crime, and may be subject to criminal prosecution and civil penalties. In ME and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits..**

**Louisiana:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

By signing below, the Owner acknowledges the applicable statements mentioned above and agrees to the following:

I received a prospectus and have determined that the variable annuity applied for is not unsuitable for my investment objectives, financial situation, and financial needs. It is a long-term commitment to meet my financial needs and goals. **I understand that the Contract Value and variable Annuity Payments may increase or decrease depending on the investment results of the variable Investment Options, and that under the Base Contract there is no guaranteed minimum Contract Value or variable Annuity Payment. If I selected any additional options, any guarantees provided for those options are outlined in my Contract and prospectus.** To the best of my knowledge and belief, all statements and answers in this application are complete and true. It is further agreed that these statements and answers will become a part of any Contract to be issued. No representative is authorized to modify this agreement or waive any Allianz rights or requirements.

For information on current Contract features, restrictions or charges please review with your Registered Representative.

☐ Please send me a statement of additional information (Also available on [www.allianzlife.com])

Any required replacement forms must be signed and dated the date of the application or earlier.

Owner/Trustee/Authorized signer signature	Joint Owner/Trustee/Authorized signer signature
Signed at (City, State)	Date signed

### [14.] Home office use only

If Allianz Life Insurance Company of North America makes a change in this space in order to correct any apparent errors or omissions, it will be approved by acceptance of this Contract by the Owner(s); however, any material change must be accepted in writing by the Owner(s). Changes to this application that affect product, benefits, amount of insurance, or age require acceptance by Owner(s).

**Please call Allianz with any questions at [800.624.0197].**

#### Mailing information

Applications that **HAVE** a check attached

##### Regular mail

Allianz  
NW 5989  
PO Box 1450  
Minneapolis, MN 55485-5989

##### Overnight, certified, or registered

Wells Fargo LBX Services  
NW 5989 Allianz  
1350 Energy Lane, Ste. 200  
St. Paul, MN 55108-5254

Applications that **DO NOT HAVE** a check attached

##### Regular mail

Allianz  
PO Box 561  
Minneapolis, MN 55440-0561

##### Overnight, certified, or registered

Allianz  
5701 Golden Hills Drive  
Golden Valley, MN 55416-1297

SERFF Tracking Number: ALLC-126939231 State: Arkansas  
Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 47477  
Company Tracking Number: VISION/CONNECTIONS INVESTMENT PLUS RIDER S40827  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Vision/Connections Investment Plus Rider S40827  
Project Name/Number: Vision/Connections Investment Plus Rider S40827/Vision/Connections Investment Plus Rider S40827

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> Certificate of Readability.pdf AR Cerification for Regulation 19 10B.pdf		
<b>Satisfied - Item:</b> Application <b>Comments:</b> The application forms are included in the Form Schedule tab.		
<b>Satisfied - Item:</b> Statements of Variability <b>Comments:</b> <b>Attachments:</b> Investment Plus SOV.pdf Application SOV.pdf		

Allianz Life Insurance Company  
of North America  
5701 Golden Hills Drive  
Minneapolis, MN 55416-1297  
800.950.7372



### CERTIFICATE OF READABILITY

Contract Form	Flesch Score
S40827	51.8
S40828	66.4
S40831	66.4
S40829	54.3
S40830	66.4
F60000	50 when read with contract
F70036	50 when read with contract

It is hereby certified that each policy form listed above meets the minimum reading ease score required in your state.

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.

A handwritten signature in black ink, appearing to read "Martin G. Kline".

Date: November 30, 2010

Martin G. Kline, Senior Director Actuary

**CERTIFICATION OF  
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA**

Allianz Life Insurance Company of North America (Allianz) hereby certifies that the filing submission of form meets the provisions of Ark. Regulation 19§10B as well as all applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink, appearing to read "Martin G. Kline", is positioned above a horizontal line.

12/08/2010

Martin G. Kline  
Senior Director Actuary

**Allianz Life Insurance Company of North America**  
**Statement of Variability**  
**Contract Schedule Forms S40827, S40828, S40829, S40830, S40831**  
**11/17/2010**

**Rider Form S40827 (Investment Plus Rider)**

Variable	Minimum	Maximum	Current	Effective	Comments
Names and Signatures of Company Officers	N/A	N/A	N/A	N/A	If officers change, we will prepare and submit all required filings at the time of any change.

**Contract Schedule Forms S40828, S40831 (Investment Plus Contract Schedule – Vision and Connections)**

Variable	Minimum	Maximum	Current	Effective	Comments
(01.11)	N/A	N/A	(01.11)	Contract duration	If we change the any of the following: Guarantee Percentage, Exercise Age Requirements, age bands/rate bands/payment percentages on the Table of Payment Percentages, Rider Charge; a corresponding identifier will be inserted that indicates a change for a newly issued rider.
Owner, Joint Owner, Annuitant, Covered Person(s) Contract Number, Rider Effective Date	N/A	N/A	N/A	Contract duration	Contract specific
Latest Birthday	61 <sup>st</sup>	91 <sup>st</sup>	91 <sup>st</sup>	Contract duration	Based on the structure of the benefit and target market for that benefit.
Maximum Issue Age	0	90	80	Contract duration	Varies with product positioning and marketing considerations.
Purchase Payments through Protected Investment Value	N/A	N/A	N/A	N/A	If the owner selects to begin Lifetime Income Payments on the Rider Effective Date, these sections will be suppressed, as they're no longer applicable on and after the Benefit Election Date.
Purchase Payment Period	1	10	3	Contract duration	Varies with product positioning and marketing considerations.
Initial Protected Investment Date	Rider Effective Date + 1 year	Rider Effective Date + 15 years	Rider Effective Date + 10 years	Contract duration	Varies with product positioning and marketing considerations.
Future Anniversary	1 <sup>st</sup> Rider Anniversary	15 <sup>th</sup> Rider Anniversary	10 <sup>th</sup> Rider Anniversary	Contract duration	Based on the structure of the benefit and target market for that benefit.
Reset Period	1 Rider Year	20 Rider Years	10-19 Rider Years	Contract duration	Varies with product positioning and marketing considerations.
Latest Reset Birthday	50 <sup>th</sup>	100 <sup>th</sup>	81 <sup>st</sup>	Contract duration	Based on the structure of the benefit and target market for that benefit.

Variable	Minimum	Maximum	Current	Effective	Comments
Guarantee Percentage	70%	100%	100%	Contract duration	Varies with product positioning and marketing considerations.
Exercise Age Requirements: Minimum	40	75	60	Contract duration	Based on the structure of the benefit and target market for that benefit.
Exercise Age Requirements: Maximum	75	100	91	Contract duration	Based on the structure of the benefit and target market for that benefit.
Payment Date Requirements: Earliest Payment Date	N/A	Benefit Election Date + 5 days	Benefit Election Date	Contract duration	Varies with product positioning and marketing considerations.
Payment Date Requirements: Latest Payment Date	Benefit Election Date + 5 days	Benefit Election Date + 31 days	Benefit Election Date + 28 days	Contract duration	Varies with product positioning and marketing considerations.
Minimum Lifetime Income Payment	\$50	\$200	\$100	Contract duration	Based on the structure of the benefit and target market for that benefit.
Table of Payment Percentages – Age Bands	50	90	As shown on filed form	Contract duration	Based on the structure of the benefit and target market for that benefit.
Table of Payment Percentages – Rate Bands	N/A	N/A	As shown on filed form	Contract duration	Based on the structure of the benefit and target market for that benefit.
Table of Payment Percentages – Payment Percentages	2%	N/A	As shown on filed form	Contract duration	Based on the structure of the benefit and target market for that benefit.
Rider Charge for single Lifetime Income Payments	0.25%	Maximum Rider Charge	1.50%	1 Contract Quarter	The Rider Charge may change on each Quarterly Anniversary subject to the Maximum Rider Charge.
Rider Charge for joint Lifetime Income Payments	0.25%	Maximum Rider Charge	1.50%	1 Contract Quarter	The Rider Charge may change on each Quarterly Anniversary subject to the Maximum Rider Charge.
Maximum Rider Charge	1.00%	2.70%	2.50%	Contract duration	Varies with product positioning and marketing considerations.

**Contract Schedule Form S40829 (Investment Options Contract Schedule)**

<b>Variable</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Current</b>	<b>Effective</b>	<b>Comments</b>
Owner, Joint Owner, Annuitant, Contract Number, Issue Date, Income Date	N/A	N/A	N/A	Contract duration	Contract specific
Allocation Guidelines: Number of Investment Options	5	25	15	N/A	Based on systems/operational limitations and available investment options on the issue date.
Investment Option Restrictions	5%	95%	As shown on filed form	Contract duration	Only applicable investment group and percentage restrictions will be displayed. If there are no restrictions, this section will be suppressed.
Investment Options/Variable Account	N/A	N/A	As shown on filed form	N/A	Only available investment options and investment groups for the specified variable account will be displayed.

**Contract Schedule Addendum Form S40830 (Investment Plus Contract Schedule Addendum)**

<b>Variable</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Current</b>	<b>Effective</b>	<b>Comments</b>
Owner, Joint Owner, Annuitant, Contract Number	N/A	N/A	N/A	Contract duration	Contract specific
Reset Date	N/A	N/A	N/A	N/A	The effective date that the Initial Protected Investment Date is reset.
Initial Protected Investment Date	N/A	N/A	N/A	N/A	The reset Initial Protected Investment Date as requested on the Reset date.

**Statement of Variability**  
Allianz Life Insurance Company of North America  
Application Forms F60000 and F70036

November 17, 2010

Each item is listed in order of appearance on the applicable form. Variable material is denoted as bracketed [ ] in the form referenced. Paragraphs bracketed [ ] in their entirety represents sections that will be suppressed if not applicable to options/benefits chosen. Blank boxes for the Minimum, Maximum and Current columns do not require further explanation.

**Application Forms F60000 (Vision) and F70036 (Connections)**

Page #	Variable	Minimum	Maximum	Current	Comments
1	Product Name	N/A	N/A	N/A	Variable to indicate product name intended at the time of rollout (may be waiting on trademark approval).
1	DA Number	N/A	N/A	N/A	Internal number we assign to the owner's contract at issue.
1	Section 1 – Account registration – Ownership	N/A	N/A	N/A	Based on those available at the time of application. Any added or deleted types will be made on a going forward basis to new contracts.
1	Total # of Pages	N/A	N/A	N/A	Based on the total # of pages in the application.
2	Section 3 – Plan Specifics	N/A	N/A	N/A	Based on those that are available at the time of application. Any added or deleted options will be made on a going forward basis to new contracts.
2 – 7	Bracketed Section Numbers 6 - 14	N/A	N/A	N/A	Based on the optional benefits available at the time of application, certain sections are included or omitted in the application. Bracketed section numbers allow the application to print in correct sequence and without blank areas.
2	Section 6 – Contract options	N/A	N/A	N/A	Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.
2	Section 7 – Optional death benefit	N/A	N/A	N/A	Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.
2, 3	Carries an additional charge	N/A	N/A	N/A	This footnote is included or omitted based on the optional benefits available at the time of issue that carry an additional charge.
2 - 7	Page Numbers 2 - 7	N/A	N/A	N/A	Based on the plan/benefits available. Bracketed page numbers allow the application to print with correct pagination and without blank areas.
3	Section 8 – Other benefits	N/A	N/A	N/A	Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.

3	Sections 8 – Income Protector, Investment Protector, or Investment Plus	N/A	N/A	N/A	Variable to indicate benefit name intended at the time of rollout (may be waiting on trademark approval).
4, 5	Section 10 – Number of investment options	5	15	15	Set at the time of application and will not vary, any change will be made to new contracts going forward.
4	Section 10 – Income Protector or Investment Plus	N/A	N/A	N/A	Variable to indicate benefit name intended at the time of rollout (may be waiting on trademark approval), to include other benefit names that may be restricted to these investment options, or to allow for the removal of a benefit name.
5	Section 10 – Investment Protector or No Additional Benefit	N/A	N/A	N/A	Variable to indicate benefit name intended at the time of rollout (may be waiting on trademark approval), to include other benefit names that may be restricted to these investment options, or to allow for the removal of a benefit name.
4, 5	Section 10 – Investment Options	N/A	N/A	N/A	Based on the Investment Options and Groups that are available at the time of application, and may change in the future.
6	Section 12 – Registered Representative information	N/A	N/A	N/A	Variable for our Broker Dealers who want to identify more than three commissioned agents and representatives.
6	Section 12 – Commission Options	N/A	N/A	N/A	Variable to allow for the addition or reduction of commission options to choose from.
7	Section 13 – Statement of the Applicant	N/A	N/A	N/A	These disclosures will need to be updated as states adopt or change their fraud language.
7	<a href="http://www.allianzlife.com">http://www.allianzlife.com</a>	N/A	N/A	N/A	The Allianz Life website may change.
7	Allianz phone number	N/A	N/A	N/A	The Allianz phone number may change.
7	Mailing information	N/A	N/A	N/A	The address may change if there is a re-location.